

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026846

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 118

FILED JUL 8 1963

VS 300
Rev. 4/59

1 0970

2 8010

3

4 0

5 1

6

7 1

8 2

9 1

10

11 097

12 91-3

13 30

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Alabama b. COUNTY Lauderdale	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall Township		c. CITY OR TOWN Florence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 M NW Marshall, Mo		d. STREET ADDRESS (If outside, give location) 214 W Tuscaloosa	
3. NAME OF DECEASED (Type or print) First CARLOS Middle EUGENE Last SPIRES		4. DATE OF DEATH Month 7 Day 6 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-11-1932
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver		10b. KIND OF BUSINESS OR INDUSTRY Brown Produce Co.	9. AGE (last birthday) 30
13a. FATHER'S NAME John Spires		13b. MOTHER'S MAIDEN NAME Ida Rhodes	12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes peace time		17. INFORMANT Charles Spires Address Florence Ala.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CRUSHED HEAD - RT-SIDE			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) TRAILER TRUCK OVERTURNED	
20c. TIME OF INJURY Hour 3:00 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year 7-6-1963	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2-M-NW MARSHALL HWY 65		20f. CITY, TOWN, OR LOCATION MARSHALL	COUNTY SALINE STATE MO
21. I attended the deceased from MADE INVESTIGATION and last saw her/him alive on ABOUT 3 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.P. Powers M.D. Croner Saline Mo		22b. ADDRESS Marshall, Missouri	22c. DATE SIGNED 7-6-1963
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-6-1963	23c. NAME OF CEMETERY OR CREMATORY Florence Alabama	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Morrison-Elkins Funeral Home		25. DATE RECD. BY LOCAL REG. July 6 - '63	26. REGISTRAR'S SIGNATURE Carl S. Reed

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 2 1963

SEP 17 1963

OCT 15 1963

JAN 22 1964

JUL 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.